

APPLICATION FOR A ZONING PERMIT

Fee Pd. (see Fee Schedule)_____ Receipt No._____ Permit approved by_____ PSE approved_____

BOA No._____ PO No._____ CU No._____ ZP Appl. No._____ ZP No._____

File copy _____ Building Inspector copy _____ Town Assessor copy _____ Owner copy _____ Agent copy _____

Waukesha County Zoning Code_____ Waukesha County Shoreland and Floodland Protection Ordinance_____

Town_____ Section_____ Zoning District_____ Tax Key No._____

Owner_____ Agent (if different)_____

Daytime Phone No.(_____)_____ Daytime Phone No.(_____)_____

Address of Premises (if different)_____

Legal Description (from survey)_____

Detailed and complete description of proposed work to be completed and the intended use (attach additional pages, if necessary):_____

Type of existing structures on the lot and the use(s) of each_____

Value of Non-Conforming (N/C) N/C Use Yes_____ No_____ Floodplain Structure Yes_____ No_____

Project Cost (labor/materials at equalized assessed value) \$_____ EAV of N/C Structure \$_____, _____% Percentage total lifetime (PTL)_____%

Percent of Non-Conforming (N/C) N/C Structure Yes_____ No_____ Percentage of structural members modified_____% PTL lifetime_____%

EXISTING STRUCTURE(S)

Sanitary Facilities Public sewer_____ Type of private system_____

Water Supply Private_____ Other_____

Structure Size Width_____ Depth_____ Height_____

Structure Style 1 Story_____ 2 Story_____ Split level_____

No. of Bedrooms_____ **No. of Bathrooms**_____

Floor Area 1st Floor_____ 2nd Floor_____

Garage_____ Basement_____ Exposed_____

Other structures_____

Total SF (all SF except the basement)_____

PROPOSED STRUCTURE(S)

Sanitary Facilities Public sewer_____ Type of private system_____

Sanitary Permit No. (for new construction)_____

Structure Size Width_____ Depth_____ Height_____

Structure Style 1 Story_____ 2 Story_____ Split level_____

No. of Bedrooms_____ **No. of Bathrooms**_____

Floor Area 1st Floor_____ 2nd Floor_____

Garage_____ Basement_____ Exposed_____

Other structures_____

Total SF (all SF except the basement)_____

Size of Lot Average Width_____ Average Depth_____ **Total Area** (excluding established road ROW)_____

Floor Area Ratio _____% **Accessory Building Floor Area Ratio** _____% **Open Space** _____ square feet

Location of Structure/Addition (measure to the closest point). Measure to the overhang only if it exceeds two (2) ft. If less than 2 ft., measure to building foundation.

Setback_____ feet from the building foundation to the centerline of the platted road right-of-way.

Setback_____ feet from the building foundation to the established road right-of-way line (base setback line).

Offset_____ feet from building foundation to the (N,S,E,W)_____ property line.

Offset_____ feet from building foundation to the (N,S,E,W)_____ property line.

Offset_____ feet from building foundation to the (N,S,E,W)_____ property line.

Shore setback_____ feet from building foundation to the OHWM. Floodplain/Wetland/C-1 setback_____ feet from building foundation to the 100 year floodplain (_____' elevation) or C-1.

FIVE COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimensions of lot, (2) location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot, (3) location and centerline of all abutting streets, (4) high water line of any water body which lot abuts, (5) location of existing/proposed wells and septic systems on lot and within 50' of lot, (6) floor elevation of proposed new buildings, (7) location of percolation tests and soil borings for new buildings. **SOIL TESTS, TWO SETS OF BUILDING PLANS AND A GRADING PLAN MAY ALSO BE REQUIRED.** APPROVAL OF THE SEPTIC SYSTEM BY THE ENVIRONMENTAL HEALTH DIVISION IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties. By signing this form, the owner or his/her authorized agent is giving their consent for the Dept. of Parks and Land Use to inspect the site as necessary and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.

Signature of Owner_____ Date_____

Signature of Agent_____ Date_____

Application (approved) (denied) by Zoning Administrator_____ Date_____

Conditions for approval or reasons for denial_____